

CONTRACTORS AND/OR CONSULTANTS/ENGINEERS ENERGY LINES APPLICATION

Please submit the following information in addition to this application:

- 1. Please provide a schedule of your GL, CPL and or Professional insurance policies for the past 3 years, if applicable.
- 2. Completed Accord Application(s).

Name of Applicant: _____
 Principal Contact: _____ E-mail address: _____
 Mailing Address: _____
 Telephone# _____ Fax#: _____
 Website: _____
 Years in Business _____

Company is a(n) Individual Partnership Corporation Joint Venture
 Other (describe) _____

REQUESTED COVERAGE

1. Effective date of coverage: _____
 2. Length of policy term: _____
 3. Retroactive Date: _____
 4. Limits of Liability: _____
 Occurrence limit: \$ _____
 Aggregate Limit: \$ _____
 Retention/Deduct: \$ _____
 5. Current Premium: \$ _____

DESCRIPTION OF COMPANY OPERATIONS:

BREAKDOWN OF CONTRACTING OPERATIONS

Contracting Services	Projected Payroll	Projected Revenue	% Sub Contracted

BREAKDOWN OF PROFESSIONAL SERVICES:

Professional Services	Projected Payroll	Projected Revenue	% Sub Contracted

GROSS PAYROLL

- 1. 1st Prior Year: \$ _____
- 2. 2nd Prior Year \$ _____
- 3. 3RD Prior Year: \$ _____

GROSS REVENUE

- 1. 1st Prior Year: \$ _____
- 2. 2nd Prior Year \$ _____
- 3. 3RD Prior Year: \$ _____

GENERAL INFORMATION

1. Does the applicant conduct more than 10% geotechnical or geophysical operations? Yes No
If yes, please answer the following:

a) What percentage of the applicants overall sales are associated with this operation?

b) Provide a detailed list of the applicant's geotechnical and Geophysical operations & detailed resumes of employees who conduct these operations.

2. Does the applicant conduct operation in the Gulf of Mexico? Yes No
If yes what is the percentage?

3. Are any operations performed outside the United States or Canada? Yes No
If yes, please identify the countries and describe the type of work and associated revenues.

4. During the last five (5) years, has the applicant purchased any other businesses? Yes No

Have they been involved in any type of merger or consolidation? Has the applicant's name been changed?
 Yes No

If yes please describe in detail:

5. Is work done through or by any affiliated or related company(s)?
 Yes No If yes, please provide details.

6. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or related operations or services or any kind?
 Yes No If yes, please provide details.

7. Describe the three (3) largest contracts or projects performed in the past year. Please include the project revenue and the services provided.

8. Please describe any operations, services or products that have been abandoned or discontinued by your company in the last five (5) years.

9. Has the applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, Dissolution or other debtor related incidents? Yes No
If yes, please provide details.

10. Has the applicant, or any affiliated related predecessor entity or any officer Or owner ever been convicted of a crime Yes No
If yes, please provide details.

11. Does the firm have: _____Subsidiaries _____ Parent Company_____Other related entities. Yes No

12. Do you share employees? Yes No If yes, please provide details

SUBCONTRACTING SERVICES

1. Is 100% of your work performed under written contract? Yes No
If no, what percentage is performed without a written contract?

2. What percentage of your company's work is performed as a Subcontractor?

3. Are all subcontractors licensed and accredited? Yes No

4. Does the applicant collect certificates of insurance from all subcontractors? Yes No
5. What minimum limits do you require of subcontractors working for your Company?
 General Liability _____ Pollution _____
 Professional _____ Excess _____
6. Are subcontractors required to name the applicant as an additional Insured? Yes No
7. Is a standard written contract used with the applicant's clients and/or Subcontractors, including hold harmless and limitation of liability clause? Yes No

PRIOR LIABILITY CARRIER INFORMATION

Coverage Form	Carrier	Limit of Liability	Deductible	Policy Type	Premium

1. Within the last five (5) years has the applicant purchased this type of insurance coverage? Yes No

LOSS HISTORY

1. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No .
 If yes, please provide full details on each incident.

2. Is the applicant aware of any circumstances, which may result in a claim suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No .
 If yes, please provide full details on each incident.

3. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? Yes No .
 If yes, please provide details.

If the answer to 2 or 3 above under the Prior Liability Carrier Information section was answered yes, please provide information as to what actions have been taken by the applicant to mitigate or avoid similar loss from occurring again.

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York All commercial insurance forms, except as provided for automobile insurance:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Automobile insurance forms

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Any person who, with INTENT TO DEFRAUD or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement MAY BE guilty of insurance fraud."

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

- Puerto Rico** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
- Rhode Island** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Virginia** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Washington** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

WARRANTY STATEMENT

The undersigned authorized officers of the applicant declare that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/ or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

(Signature)

(Title)

(Date)